



SAF AFFIDAVIT: PROOF OF PAYMENT

The attached affidavit should only be used when copies of canceled checks or financial institution statements are not available for the Eligible Person to demonstrate proof of payment for costs claimed for payment from the Arizona State Assurance Fund (SAF) [A.A.C. R18-12-603(B)(9)].

This affidavit is not required if copies of canceled checks or financial institution statements are provided to the Department.

- This affidavit must be reproduced on the company letterhead of the Service Provider. Affidavits that are not on the Service Provider's letterhead are not acceptable.
- This affidavit must be signed by the Service Provider and notarized.
- Use a separate affidavit for each Service Provider.
- In the event that not all costs are paid by the same person, use a separate affidavit for each payer.
- Attach this executed affidavit to the Reimbursement Application or Direct Payment Request requesting payment for the referenced invoices.

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1. Name of Person who made payment: _____
(Name as it appears on check, draft, warrant or electronic transfer document)

2. Name of Eligible Person: _____
(If not the same as number 1, explanation of relationship must be provided)

3. Facility Name: _____

4. LUST No.: _____

I, hereby swear, under penalty of perjury, that I am authorized to execute this sworn statement on behalf of the referenced Service Provider and that the following invoices demonstrating costs incurred have been paid in full by the referenced Eligible Person:

INVOICE No.	INVOICE DATE	AMOUNT PAID	INVOICE No.	INVOICE DATE	AMOUNT PAID

I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud (A.R.S. §13-2311).

Service Provider Signature:		Date:
Print name:	Title:	Phone No.: ()
Company (payee) name:		
Company (payee) mailing address:		

Sworn to and subscribed this: ____ day of _____, 20____

Notary Public Signature

My commission expires: _____

County of _____, State of _____